PATENT	APPLIC.	ATION FFF	DETERMINATION	I RECORD
CALLII	AFFLICA	411VII 1 LL	DETERMINATION	INLUURL

Application of Docket Number	plication or Docket Nur	nbe
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Effective October 1, 2000						09293002						
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS		13				F	ATE	FEE		RATE	FEE	
FO	OR NUMBER FILED			NUMB	ER EXTRA	BA	SIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS /3 minus 20= *					.0	a (****	×	(\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	34 mi	nus 3 =	· +		X40= OR X80= 80					
MULTIPLE DEPENDENT CLAIM PRESENT						+	135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2						T	OTAL		OR	TOTAL	790	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					SI	MALL I	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	,	HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T OL 4114	=	×	(40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+	135=		OR	+270=		
						L	TOTAL		OR	TOTAL ADDIT. FEE		
ADDIT. FEEOTT AD												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	description of Secretary Secretary	PREVI	IBER	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=] ×	\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MI	Minus	***	CL AIM	=	×	(40=		OR	X80=	
L	THOTTHEOL	THATION OF MI	JEIN LE DEI	LINDLIN	OLAIIVI		, +	135=		OR	+270=	
							ADD	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=	
AME	Independent	•	Minus	***		=	l ×	40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		」 -	135-			+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												